## 2010 Tumbleweed Tree Lighting & Parade of Lights Potential Volunteer Information

Thank you for considering volunteering and assisting such a great community event. Below is an overview of our event and should provide you with some valuable information. Please take the time to review and we look forward to having you join our team.

#### **Event History**

The Tumbleweed Tree Lighting & Parade of Lights is a magical and spirited night as the community helps celebrate the holidays together. Visitors watch the most unique tree light up the night when the Mayor flips the switch and the holiday season in Historic Downtown Chandler officially begins. After the ceremony, a celebration begins and the creative floats, spirited organizations and businesses amaze viewers during their participation in the Parade of Lights.

#### **Event General Information**

Date: Saturday, December 4, 2010 4:30pm to 9pm Location: Dr. A.J. Chandler Park

#### **Potential Volunteer Work Areas**

You will have the opportunity to assist in a number of areas...

- 1. Stage Assistant
- 2. Informational Booth Assistance
- 3. Parade Banner Holders
- 4. Set-up/Clean-up

Work areas are assigned, as needed based on sign-ups.

#### What's The Next Step to Volunteer?

Complete the attached volunteer form and return it to – Special Events Coordinator, MS 501, PO Box 4008, Chandler, AZ 85244 or fax it to 480-782-2713 or by email to <a href="https://example.com/Hermelinda.Llamas@chandleraz.gov">Hermelinda.Llamas@chandleraz.gov</a>

Once the form is received, you will be contacted to confirm all the event's details for the day.

For any questions, please call 480-782-2665.

# 2010 Tumbleweed Tree Lighting & Parade of Lights Volunteer Form

### **Volunteer Sign-up Information**

Name		Age			
Address					
Daytime Phone		_ Evening Phone			
Email Address		-			
Please choose a time frame ir 4pm to 7pm 6:30pn Parade Banner Holder - 6:30p	n to 9:30pm	Area Interested in	Working		
	Em	ergency Contact			
Name		Phone			
AddressRelationship to You					
Employed Full-Time Other		Work Status art-Time	Full-Time Student		
Employer/School Name					
	Fluent Langu	ages (other than	English)		
Language					
Language	Read	Speak			
Do you have any special need If yes, please explain.				_	
Have you ever g\been convic If yes, please provide				No	
*A "yes" answer will	not automatically dis	squalify you. Each ca	ase will be considered indi	vidually.	
Statement of Accountability By signing this application form, I certify the placement or immediate dismissal at any time maters contained in this application. I unde number. I agree to obey all rules and proced a commitment to the program. I further under for industrial injury sustained while serving hourly wage payment. I will assume all risk its employees.	nat all information is true to the me during the period of my plac restand that it is my responsibilit dures established by the City of derstand that I am a volunteer, a as a City of Chandler volunteer	ement. I give the City of Char ty to keep the Parks & Recreati f Chandler Parks & Recreation and therefore not entitled to any er. Furthermore, I will be fulfill	ndler parks & Recreation Division authorion Division advised about any changes Division, and understand that being a vy health and welfare benefits other than ling the volunteer job responsibilities w	orization to investigate all s of address or phone volunteer means I have mad- medical care and treatmen vithout receiving a salary or	
Signature of Volunteer Applicant			Date	Date	

Date

Signature of Parent or Guardian if Applicant is Under 18